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|  |  |  |  |  |
|--|--|--|--|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b> |  |  |  | Application or Docket Number<br><b>107360330</b> |
| Substitute for Form PTO-875                        |  |  |  |  |

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

| FOR  | NUMBER FILED | NUMBER EXTRA |
|--|--------------|--------------|
| BASIC FEE<br>(37 CFR 1.16(a))                        |              |              |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))                     | minus 20 =   | *            |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))               | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT<br>(37 CFR 1.16(d)) |              |              |

**SMALL ENTITY**

OR

| RATE     | FEES  |
|----------|-------|
|          | \$395 |
| x \$25 = |       |
| x \$100  |       |
| + \$180  |       |
| TOTAL    |       |

**OTHER THAN SMALL ENTITY**

| RATE     | FEES     |
|----------|----------|
|          | \$790.00 |
| x \$50 = |          |
| x \$200  |          |
| + \$360  |          |
| TOTAL    |          |

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | Total<br>(37 CFR 1.16(c))        | Minus | **                                 | =             |
| Independent<br>(37 CFR 1.16(b))                                 | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                  |       |                                    |               |

**SMALL ENTITY**

OR

| RATE            | ADDITIONAL FEE |
|-----------------|----------------|
| x \$25 =        |                |
| x \$100         |                |
| + \$180         |                |
| TOTAL ADD'L FEE |                |

**OTHER THAN SMALL ENTITY**

| RATE            | ADDITIONAL FEE |
|-----------------|----------------|
| x \$50 =        |                |
| x \$200         |                |
| + \$360         |                |
| TOTAL ADD'L FEE |                |

**4/12/05**

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | Total<br>(37 CFR 1.16(c))        | Minus | **                                 | =             |
| Independent<br>(37 CFR 1.16(b))                                 | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                  |       |                                    |               |

| RATE            | ADDITIONAL FEE |
|-----------------|----------------|
| x \$25 =        |                |
| x \$100         |                |
| + \$180         |                |
| TOTAL ADD'L FEE |                |

**RATE ADDITIONAL FEE**

| RATE            | ADDITIONAL FEE |
|-----------------|----------------|
| x \$50 =        |                |
| x \$200         |                |
| + \$360         |                |
| TOTAL ADD'L FEE |                |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | Total<br>(37 CFR 1.16(c))        | Minus | **                                 | =             |
| Independent<br>(37 CFR 1.16(b))                                 | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                  |       |                                    |               |

| RATE            | ADDITIONAL FEE |
|-----------------|----------------|
| x \$25 =        |                |
| x \$100         |                |
| + \$180         |                |
| TOTAL ADD'L FEE |                |

**RATE ADDITIONAL FEE**

| RATE            | ADDITIONAL FEE |
|-----------------|----------------|
| x \$50 =        |                |
| x \$200         |                |
| + \$360         |                |
| TOTAL ADD'L FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**LAW** U.S. Paperwork Reduction Act of 1995: no Person is required to respond to a collection of information unless it displays a valid OMB control number.

**PATENT APPLICATION FEE DETERMINATION RECORD**

## Applications of Doctor Number

10/736,330 (H0002511)

| CLAIMS AS FILED - PART I   |   |   |                  |              | SMALL ENTITY           | OTHER THAN<br>SMALL ENTITY |                        |                |
|--|---|---|------------------|--------------|------------------------|----------------------------|------------------------|----------------|
| (Column 1)   |   | (Column 2)                                  |                  | (Column 3)   |                        |                            |                        |                |
| FOR  | NUMBER FILED                              | NUMBER EXTRA                                |                  | RATE         | FEES                   | RATE                       | FEES                   |                |
| BASIC FEE<br>(3 CFR 1.16(a))   |   |   |                  |              | \$ _____               |                            | \$ 770                 |                |
| TOTAL CLAIMS<br>(3 CFR 1.16(c))  | 20  | minus 20 =                                  | 0                | x \$ _____ = |                        | x \$ 18 =                  | 0                      |                |
| INDEPENDENT CLAIMS<br>(3 CFR 1.16(b))                                    | 3   | minus 3 =                                   | 0                | x _____ =    |                        | x 86 =                     | 0                      |                |
| MULTIPLE DEPENDENT CLAIM PRESENT (3 CFR 1.16(d))                         |   |   |                  | + _____ =    |                        | + _____ =                  |                        |                |
|  |   |   |                  | TOTAL        |                        | TOTAL                      | 770                    |                |
| • If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                  |              |                        |                            |                        |                |
| CLAIMS AS AMENDED - PART II  |   |   |                  |              | SMALL ENTITY           | OTHER THAN<br>SMALL ENTITY |                        |                |
| (Column 1)   |   | (Column 2)                                  |                  | (Column 3)   |                        |                            |                        |                |
| AMENDMENT A  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDI-<br>TIONAL<br>FEE | RATE                       | ADDI-<br>TIONAL<br>FEE |                |
| Total<br>(3 CFR 1.16(c))   | * 20                                      | Minus                                       | ** 20 = 0        | x \$ _____ = |                        | x \$ _____ = 0             |                        |                |
| Independent<br>(3 CFR 1.16(b))   | * 3                                       | Minus                                       | *** 3 = 0        | x _____ =    |                        | x _____ = 0                |                        |                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3 CFR 1.16(d))           |   |   |                  | + _____ =    |                        | + _____ = 0                |                        |                |
|  |   |   |                  | TOTAL        |                        | TOTAL                      | 0                      |                |
| (Column 1)   |   |   |                  |              | (Column 2)             | (Column 3)                 | ADDITIONAL FEE         | ADDITIONAL FEE |
| AMENDMENT B  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDI-<br>TIONAL<br>FEE | RATE                       | ADDI-<br>TIONAL<br>FEE |                |
| Total<br>(3 CFR 1.16(c))   | * Minus                                   | ** =  |                  | x \$ _____ = |                        | x \$ _____ =               |                        |                |
| Independent<br>(3 CFR 1.16(b))   | * Minus                                   | *** =                                       |                  | x _____ =    |                        | x _____ =                  |                        |                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3 CFR 1.16(d))           |   |   |                  | + _____ =    |                        | + _____ =                  |                        |                |
|  |   |   |                  | TOTAL        |                        | TOTAL                      | 0                      |                |
| (Column 1)   |   |   |                  |              | (Column 2)             | (Column 3)                 | ADDITIONAL FEE         | ADDITIONAL FEE |
| AMENDMENT C  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDI-<br>TIONAL<br>FEE | RATE                       | ADDI-<br>TIONAL<br>FEE |                |
| Total<br>(3 CFR 1.16(c))   | * Minus                                   | ** =  |                  | x \$ _____ = |                        | x \$ _____ =               |                        |                |
| Independent<br>(3 CFR 1.16(b))   | * Minus                                   | *** =                                       |                  | x _____ =    |                        | x _____ =                  |                        |                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3 CFR 1.16(d))           |   |   |                  | + _____ =    |                        | + _____ =                  |                        |                |
|  |   |   |                  | TOTAL        |                        | TOTAL                      | 0                      |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\* If the entry in column 1 is less than the entry in column 2, write "U" in column 3.

**\*\* If the "Higher Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".**

**\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".**

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. This will vary depending upon the needs of the individual consumer.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FILES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2003

Application or Docket Number

10736330

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|   |    |              |                          |
|---|----|--------------|--------------------------|
| <b>TOTAL CLAIMS</b>                     |    |              |                          |
| FOR                                     |    | NUMBER FILED | NUMBER EXTRA             |
| <b>TOTAL CHARGEABLE CLAIMS</b>          | 20 | minus 20 =   | 0                        |
| <b>INDEPENDENT CLAIMS</b>               | 3  | minus 3 =    | 0                        |
| <b>MULTIPLE DEPENDENT CLAIM PRESENT</b> |    |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|-------------|---|-------|---|------------------|
|   |             | Total                                     | Minus | **  | =                |
|   | Independent | *   | Minus | ***   | =                |
| <b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> |             |   |       | <input type="checkbox"/>                    |                  |

**SMALL ENTITY  
TYPE**  **OTHER THAN  
OR SMALL ENTITY**

| RATE         | FEES   | RATE            | FEES   |
|--------------|--------|-----------------|--------|
| BASIC FEE    | 385.00 | OR BASIC FEE    | 770.00 |
| X\$ 9=       |        | OR X\$18=       | -      |
| X43=         |        | OR X86=         | -      |
| +145=        |        | OR +290=        | -      |
| <b>TOTAL</b> |        | <b>OR TOTAL</b> | 970.00 |

**SMALL ENTITY**  **OTHER THAN  
OR SMALL ENTITY**

| RATE                    | ADDI-<br>TIONAL<br>FEE | RATE                       | ADDI-<br>TIONAL<br>FEE |
|-------------------------|------------------------|----------------------------|------------------------|
| X\$ 9=                  |                        | OR X\$18=                  |                        |
| X43=                    |                        | OR X86=                    |                        |
| +145=                   |                        | OR +290=                   |                        |
| <b>TOTAL ADDIT. FEE</b> |                        | <b>OR TOTAL ADDIT. FEE</b> |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|-------------|---|-------|---|------------------|
|   |             | Total                                     | Minus | **  | =                |
|   | Independent | *   | Minus | ***   | =                |
| <b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> |             |   |       | <input type="checkbox"/>                    |                  |

| RATE                    | ADDI-<br>TIONAL<br>FEE | RATE                       | ADDI-<br>TIONAL<br>FEE |
|-------------------------|------------------------|----------------------------|------------------------|
| X\$ 9=                  |                        | OR X\$18=                  |                        |
| X43=                    |                        | OR X86=                    |                        |
| +145=                   |                        | OR +290=                   |                        |
| <b>TOTAL ADDIT. FEE</b> |                        | <b>OR TOTAL ADDIT. FEE</b> |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|-------------|---|-------|---|------------------|
|   |             | Total                                     | Minus | **  | =                |
|   | Independent | *   | Minus | ***   | =                |
| <b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> |             |   |       | <input type="checkbox"/>                    |                  |

| RATE                    | ADDI-<br>TIONAL<br>FEE | RATE                       | ADDI-<br>TIONAL<br>FEE |
|-------------------------|------------------------|----------------------------|------------------------|
| X\$ 9=                  |                        | OR X\$18=                  |                        |
| X43=                    |                        | OR X86=                    |                        |
| +145=                   |                        | OR +290=                   |                        |
| <b>TOTAL ADDIT. FEE</b> |                        | <b>OR TOTAL ADDIT. FEE</b> |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.